

**Mail to:**  
Dennis R. Downs, Director  
Division of Solid and Hazardous Waste  
P.O. Box 144880  
Salt Lake City, Utah 84114-4880

www.hazardouswaste.utah.gov

## **SOLID WASTE TRANSFER STATION ANNUAL REPORT**

For Calendar year 2007 or most recent fiscal year

### **Administrative Information** (Please enter all the information requested below - type or print legibly)

Facility Name: \_\_\_\_\_  
Facility Mailing Address: \_\_\_\_\_  
(Number & Street, Box and/or Route)  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
County: \_\_\_\_\_

#### Owner

Name: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
(Number & Street, Box and/or Route)  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact's Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Contact's Mailing Address: \_\_\_\_\_  
Phone No.: (\_\_\_\_) \_\_\_\_\_ Contact's Email Address: \_\_\_\_\_

#### Operator (Complete this section only if the operator is not an employee of the Owner shown above)

Name: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
(Number & Street, Box and/or Route)  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact's Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Contact's Mailing Address: \_\_\_\_\_  
Phone No.: (\_\_\_\_) \_\_\_\_\_ Contact's Email Address: \_\_\_\_\_

### **Facility Status**

☐ Currently in Operation      ☐ Closed - Date: \_\_\_\_\_  
(The "Closed - Date" is the date that all waste was removed from the site)

### **Utah Disposal Fees Paid** (See Utah Code Annotated 19-6-119(3))

Disposal Fee Required to be Paid to State      Yes ☐ No ☐

#### Disposal Fee Paid

Municipal (\$0.05 per ton) \$ \_\_\_\_\_  
Industrial (\$1.25 per ton) \$ \_\_\_\_\_  
C/D<sup>1</sup> (\$0.10 per ton) \$ \_\_\_\_\_

## Waste Received

Waste Type	Disposed	Landfill Used	Recycled	Measurement	
				Tons	Cubic Yards
Municipal	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____		<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____		<input type="checkbox"/>	<input type="checkbox"/>
Industrial	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____		<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____		<input type="checkbox"/>	<input type="checkbox"/>
C/D <sup>1</sup>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____		<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____		<input type="checkbox"/>	<input type="checkbox"/>

<sup>1</sup> C/D waste consists of construction and demolition waste, yard waste, dead animals, tires, and some contaminated soils.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Signature should be by an executive officer, general partner, proprietor, elected official, or a duly authorized representative. A duly authorized representative must meet the requirements of the solid waste rules (UAC R315-310-2(4)(d)).

**Print name:** \_\_\_\_\_ **Title:** \_\_\_\_\_